

Foster Family Home - Deficiency Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-10

94-543 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/10/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

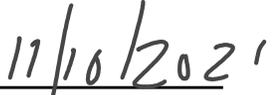
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

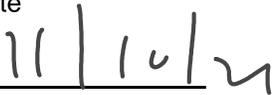


Compliance Manager



Primary Care Giver

1


Date


Date